

## SSI-E NATURAL RESIDENTIAL SETTING APPLICATION CHECKLIST

Name - SSI Recipient	County	Agency
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### A. FINANCIAL ELIGIBILITY

YES	NO		POLICY REFERENCE
<input type="checkbox"/>	<input type="checkbox"/>	1. Currently receives SSI.	Page: 11

### B. LIVING ARRANGEMENT

<input type="checkbox"/>	<input type="checkbox"/>	2. Lives in house or apartment.	Page: 12
<input type="checkbox"/>	<input type="checkbox"/>	3. Lives alone or with spouse only.	Pages: 11, 15
<input type="checkbox"/>	<input type="checkbox"/>	4. Pays proportionate share of household expenses while living with others.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Neighborhood includes non-elderly and nondisabled people;	Page: 12
<input type="checkbox"/>	<input type="checkbox"/>	6. Neighborhood provides access to services and community resources;	
<input type="checkbox"/>	<input type="checkbox"/>	7. Neighborhood offers regular and informal opportunities for social integration.	
<input type="checkbox"/>	<input type="checkbox"/>	8. <u>Qualifies because</u> not part of or on the grounds of an institution;	Pages: 12, 13
<input type="checkbox"/>	<input type="checkbox"/>	9. <u>Qualifies because</u> not a resident of a certified or licensed facility, such as Adult Family Home, CBRF, Foster or Group Home, RCAC.	

### C. ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	10. Used COP or other functional assessment process.	Page: 14
<input type="checkbox"/>	<input type="checkbox"/>	11. Shows the need for 40 hours or more per month of primary long-term support services (SHC, DLST, CSP).	Page: 14
<input type="checkbox"/>	<input type="checkbox"/>	12. If person lives with a spouse or is a minor child living with parent(s), then <u>ONLY</u> counts needs which cannot be met because: (a) the parent or spouse is out of the home for employment; or (b) the spouse is physically or mentally not capable of providing care.	Page: 14

### D. FORMS

<input type="checkbox"/>	<input type="checkbox"/>	13. DDE-818 Certification for SSI-E completed;	Page: 16
<input type="checkbox"/>	<input type="checkbox"/>	14. Correct effective date;	Page: 17
<input type="checkbox"/>	<input type="checkbox"/>	15. Social Security number correctly and legibly written.	
<input type="checkbox"/>	<input type="checkbox"/>	16. DDE-817/DDE-817A Assessment Worksheet completed and on file at county agency.	Page: 16

Worker Name	Today's Date	Telephone
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Keep in Agency Case Record